

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2	1					
3						
4						
5						
6						
7						
8						
9	1					
10	1					
11	1					
12		1				
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50						
TOTAL IND.	4					
TOTAL DEP.		1				
TOTAL CLAIMS	4	1				

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.						
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